

IF YOU REGISTERED ON-LINE: BRING THIS COMPLETED FORM TO THE FIRST NIGHT OF CLASS
PLEASE PRINT CLEARLY AND ALL FIELDS ARE MANDATORY:

Student: M F _____
First Name Last Name Date of Birth (day/month/year)

Address: _____
Number Street Apt/Unit No City Postal Code

Phone: _____
Home Cell E-mail address

Day School: _____ Current Grade: _____ OEN: _____

Country of birth: _____ Status in Canada (Citizen, Perm. Res., Visitor, etc.): _____

Non-citizens: entry into Canada date: _____ Document expiry date: _____

Enrolled in High School: Full-time (3 or more classes) **OR** Part-Time (1 or 2 classes)

September 21, 2021 – January 20, 2022

Course Code: _____ New Course **OR** Repeat Course - Previous mark: _____

As a parent/guardian of the above noted student, I approve for my son/daughter to attend Night School:

Parent/Guardian Signature (only if under 18 years old) Date

Student Signature Date

A student attending day school may enroll in a Night School credit course with written permission from principal/designate:

PERMISSION GRANTED BY DAY SCHOOL

Does this student have an IEP? No Yes (please provide copy)

Principal / Designate Name (**Please Print**)

Signature

Date